MULTIPLE DEPENDENT CLAIM								SERIAL HO	SERUAL NO.				FILING DATE		
FEE CALCULATION SHEET								APPLICANT(S)				· ·			
							CLAIMS	<u> </u>							
	AS FILED AFFECT AMENDMENT				AFTEX 2815 AMENDMENT		1				<u> </u>		<u> </u>		
	MD	DEP	DHD.	DEP	BMD	DEP	4 .	ļ	MD	DEP	MD.	DEP	BKD.	DEP	
1	 	 	1 -	'نــــــــا	4	┼	┨	51 52	-	-	├ -	 	 	├	
3	 	 	 	+	 	 	1	53	<u> </u>	 	†	 	 	 	
1	1	/	1	†	1	1	1	54	1		İ				
5]	55		<u> </u>					
•	 	/		ļ	ļ			56	ļ	ļ		-	 	 	
7	 /			 	 		-	57		 	 	ļ	 	 	
9	 / 		 	 	 -	 	1	58			 	 	 		
10	/				1		1	60		l]			
11]	61		ļ					
12	1		ļ	 	 -		1	62			ļ	-	1	ļ	
13	 		 		}	-	1	63	 		 	 	 	 	
15		1	 	 	 	 	1	65			 	 	1		
16		1					1	66							
17								67		ļ					
18					 	<u> </u>	1	68		<u> </u>	 	ļ	 	ļ	
19	<u></u>	1			 	ļ	ļ	69 70			 	-	 		
20 21		1	<u> </u>	 	 	-	İ	71			 	 -	 	l	
22							1	72	-						
23]	73			<u> </u>			_,	
24					ļ	ļ	ļ	74			ļ		 		
25								75 76			 				
26 27	 				 		1	77			-	 	-		
28								78							
29								79					ļ		
30								80			 _	 -			
31							•	81 82			 		-		
32								83							
34								84							
35								85				ļ			
36					 			86					 	<u>.</u>	
37 38								87 88							
39								89							
40								90							
41								91							
42								92	·						
43								93 94							
44 45					 			95							
46								96							
47								97							
48								98		•:					
49								99			-				
50							·	100							
TOTAL IND.		_		<u>.</u>	J			TOTAL HD.		_				_	
DEP.						110000000000000000000000000000000000000		DEP.		Gile Consul		2130223			
LAMS	IA	77.7			- 1	CHARL		CLAMS		2/4/2		訓香			